

DEC 31 1941

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(c) Name of hospital or institution 2225 Telegraph Rd.
(d) Length of stay: In hospital or institution 22 yrs.
In this community 22 yrs.
years, months or days

3. (a) PRINT FULL NAME Wendell Lukhaup

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 1866
7. Birth date of deceased July 1 (Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Caretaker

11. Industry or business

MOTHER FATHER { 12. Name Hans Lukhaup
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Germany
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sam Focher
(b) Address 2225 Telegraph Rd. Lemay, MO.

17. (a) Burial (b) Date thereof Dec. 24, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ht. Olive Cemetery

18. (a) Signature of funeral director C. Hoffmeister & Co.
(b) Address 7814 S. Broadway

19. DEC 23 1941 (b) Mc Gowan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(d) Street No. 2225 Telegraph Rd
(e) Citizen of foreign country? 56 yrs (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22 year 1941 hour 3 minute am M.

21. I hereby certify that I attended the deceased from Sept 21/1940 to Dec 22 - 1941
that I last saw him alive on Dec 21st 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis 3 da
Myocardial Reg 1 yr +
Due to Carcinoma of Stomach
Due to Senile age

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature A. A. Mulach (M. D. or other)
Address 7406 Mich. Av. Date signed 12/22/41

Mulack

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Edwin H. Leisinger

Licensed Embalmer No.....

4029

P. O. Address.....

6464 Chippewa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.